MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	f
Registration District No.	File No Registered N

1. PLACE OF DEATH		496	•	28J92
County Lawrey	Registration District No.		File No	-11
Township Trans	Primary Registration District No	6/97	Registered No.	34
City(No.			St.	Word)
ma la con O	4			**************************************
2. FULL NAME //(2.74 1002)	aurrig			
(a) Residence. No. (Usual place of Moode)	St.,	Ward		
Length of residence in city or town where death occurred	yrs. mos. di		nonresident give city or tow foreign hirth? yra.	vn and State)
PERSONAL AND STATISTICAL PART	ICULARS /	MEDICAL CER	TIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE Divorce	MARRIED, WIDOWED OR D (write the word) 16. DA	TE OF DEATH (MONTH, DAY	- Kich:	1/ 1924
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	11	t saw b la elive on	Y, That I attended decepted	19.7 4, and that
6. DATE OF BIRTH (MONTH, DAY AND YEAR).	2 / / / / 2 / /	urred, on the date stated above,	•	,m.
7. AGE YEARS MONTHS DAYS	lí LESS than 1	THE CAUSE OF DEATH* WA	AS AS FOLLOWS:	
6 /7	day,brs.	houto a	elerite	
8. OCCUPATION OF DECEASED	11	1733		***************************************
(a) Trade, profession, or		2	0	
particular kind of work			(difration)yrs	da,
(b) General nature of industry, business, or establishment in		NBUTORY	# (223)	***************************************
which employed (or employer)		<i>g</i>	(duration) yra.	
(c) Name of employer				
A DUDTUM ACT (18. WH	ERE WAS DISEASE CONTRACTED		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		F NOT AT PLACE OF DEATH?		***************************************
	Dio	AN OPERATION PRECEDE DEATHS	1 DATE OF	
10. NAME OF FATHER J. E. Luzr	£ 27 WA	5 THERE AN AUTOPSY?		
11. BIRTHPLACE OF FATHER (CITY OR TOWN).		AT TEST CONFIRMED DIAGNOSIST.	0010	
Z (STATE OR COUNTRY)	mo		At Horas	٥ مـ
(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER CLIVE 12. MAIDEN NAME OF MOTHER CLIVE	41,00, 9/	/ (Signed)	Was hold	eld Ma
	VICEAU /	, , , , , , , , , , , , , , , , , , , ,	vice a repu	2
(STATE OR COUNTRY)	(1) M	rate the Dibrabe Caubing Di Barb and Nature of Injury DAL. (See reverse side for additi	r, and (2) whether Account	
14. (D)	·			
INFORMANT (Address)	The en m	ACE OF BURIAL, CREMATIC	DN, OR REMOVAL	TE OF BURIAL
15. Q/15- 011 () AP/9	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	. Weir		1/2./2 1924
FILED 9/13 1924 41/10		DERTAKER		ÓRESS
	REGISTRAR	WIMEND	han Mars	bfield M.
		*	<u></u>	10

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up onaccount of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions. such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia." "PUERPERAL peritonitie," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS State MEANS OF INJURY and qualify &S ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF &S probably such, if impossible to determine definitely, Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Nors.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus.", But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.